

★ NOV 30 2021 ★

US DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

STANLEY DAVIS

AGAINST

AFFIDAVIT

Docket #: 21-CV-2238

SUFFOLK COUNTY DISTRICT ATTORNEY

I, Stanley Davis, do attest the following is true.

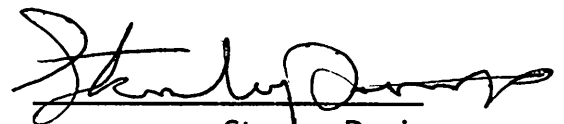
I AM NOT MARRIED NOR HAVE I EVERY BEEN MARRIED. Please DO NOT include Stephanie Zambito into anything that I am doing. She is not my wife. She helps me from time to time when needed. I owe her for every time she has helped me. Please remove her from this matter and any matter at hand as she has no access to anything, not involved and no relations to my family.

I need an attorney on this matter. Your office keeps procrastinating on giving me an attorney as there is so much wrong doing, any attorney who touches this account will see and everything will be exposed.

I do not work. I have children and grandchildren whom depend on me. I only make \$817 a month and have to split that in various ways. I have no money by the time everything gets paid. How do you expect me to afford an attorney?

See attached sheets for proof of everything.

Thank you!



Stanley Davis
43 Argyle Drive
Shirley, NY 11967
Tel: 631-772-5176

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Eastern District of New York

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

★ NOV 30 2021 ★

Stanley Davis
Plaintiff/Petitioner

Suffolk County D.A.
v.
Defendant/Respondent

Civil Action No. 21-CV-2238

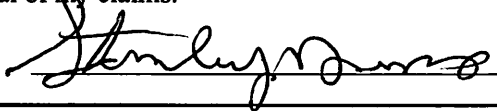
LONG ISLAND OFFICE

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date:

11/29/21

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 817	\$	\$ 817	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$ 817 0.00	\$ 0.00	\$ 817 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
None			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Not married			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
TFCU	Checking	\$ 0	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

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5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value)	\$ 0
Other real estate (Value) Grave plot - for son	\$ 7500
Motor vehicle #1 (Value)	\$ 0
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$ 0
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$ 0
Other assets (Value)	\$ 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
Stephanie Jaff	\$ 194,000	(Judgement in my favor owed to Stanley Davis)
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
Hayson Davis	Son	25
Shabrina Davis	daughter	23
10 grandkids	all grandkids	13 & under

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Not married

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$ whatever I can pay 3000 or up	\$
Utilities (electricity, heating fuel, water, sewer, and telephone) Applying for	\$ 400	\$
Home maintenance (repairs and upkeep)	\$ 0	\$
Food I get food stamps	\$ 255 a month	\$
Clothing	\$ 0	\$
Laundry and dry-cleaning	\$ 15	\$
Medical and dental expenses	\$ 0	\$
Transportation (not including motor vehicle payments)	\$ 50	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$
Life:	\$ 0	\$
Health:	\$ 0	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$
Installment payments		
Motor vehicle:	\$ 0	\$
Credit card (name): Stanley Davis	\$ min. \$150 or up monthly payment	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$

Whatever I have left over out of the \$817, goes to rent

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Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$
Other (specify):	\$ 0	\$
Total monthly expenses:	\$ 817 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☒ Yes ☐ No

If yes, how much? \$ so far 400 to start this lawsuit

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

I do not work. I am on a limit budget. I need help.

12. Identify the city and state of your legal residence.

Shirley, New York

Your daytime phone number: 631-772-5176

Your age: 48 Your years of schooling: 12

Print

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Add Attachment

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

For Online Publication Only

-----X
STANLEY DAVIS,

Plaintiff,

-against-

SUFFOLK COUNTY DISTRICT ATTORNEY, et al.,

Defendant.
-----X

AZRACK, United States District Judge:

ORDER

21-CV-2238 (JMA) (AKT)

FILED

CLERK

7:33 pm, Nov 04, 2021

U.S. DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
LONG ISLAND OFFICE

Before the Court are the in forma pauperis applications filed by Stanley Davis ("Plaintiff"). (ECF Nos. 2, 9.) For the reasons that follow, the applications to proceed in forma pauperis are denied without prejudice and with leave to renew upon completion of the AO 239 Long Form in forma pauperis application ("Long Form") attached to this Order. Alternatively, Plaintiff may remit the \$402.00 filing fee.

To qualify for in forma pauperis status, the Supreme Court has long held that "an affidavit is sufficient which states that one cannot because of his poverty pay or give security for the costs [inherent in litigation] and still be able to provide himself and dependents with the necessities of life." Adkins v. E.I. Du Pont De Nemours & Co., 335 U.S. 331, 339 (1948) (internal quotation marks omitted). The purpose of the statute permitting litigants to proceed in forma pauperis is to ensure that indigent persons have equal access to the judicial system. Davis v. NYC Dept. of Educ., 10-CV-3812, 2010 WL 3419671, at *1 (E.D.N.Y. August 27, 2010) (citing Gregory v. NYC Health & Hospitals Corp., 07-CV-1531, 2007 WL 1199010, at *1 (E.D.N.Y. Apr. 17, 2007)). The determination of whether an applicant qualifies for in forma pauperis status is within the discretion of the district court. DiGianni v. Pearson Educ., 10-CV-0206, 2010 WL 1741373, at *1 (E.D.N.Y. Apr. 30, 2010) (citing Choi v. Chemical Bank, 939 F. Supp. 304, 308 (S.D.N.Y. 1996)).

The court may dismiss a case brought by a plaintiff requesting to proceed in forma pauperis if the “allegation of poverty is untrue.” 28 U.S.C. § 1915(e)(2)(A).

Plaintiff’s initial application to proceed in forma pauperis, filed together with the complaint, reported that Plaintiff is unemployed and that his only source of income is from Social Security in the sum of \$794.00 per month. (See ECF No. 2 at ¶¶ 2-3.) Plaintiff reports that he is “on full disability and do[es] not work.” (*Id.* at 2.) Plaintiff did not include the second page of the Court’s form with his application and did not provide any financial information concerning his assets or expenses. Accordingly, by Notice of Deficiency dated June 15, 2021, Plaintiff was instructed to complete and return the enclosed in forma pauperis application within fourteen (14) days in order to proceed with his case. (See ECF 8.)

On June 22, 2021, Plaintiff timely filed a complete in forma pauperis application. However, upon review, because the Court finds that Plaintiff can best set forth his current financial position on the Long Form, it is denied without prejudice and with leave to renew on the Long Form within fourteen (14) days from the date of this Order. Alternatively, Plaintiff may remit the \$402.00 filing fee. Plaintiff is warned that a failure to timely comply with this Order may lead to the dismissal of the complaint without prejudice for failure to prosecute pursuant to Federal Rule of Civil Procedure 41(b). Although Plaintiff continues to report that his only source of income is \$794.00 per month from Social Security, he now includes additional information concerning his financial position. Plaintiff reports having no money in cash or in a bank account and states he owns nothing of value “in my name” (*id.* ¶¶ 2-5). In the space on the form that asks for “[a]ny housing, transportation, utilities, or loan payments or other regular monthly expenses” and their amounts, Plaintiff wrote: “Capital One credit card - \$4360 Student Loan - \$28,000 Teacher credit card - \$4567.” (*Id.* ¶ 6.) Although Plaintiff responded that he “can’t even pay my rent” in

response to the question that asks for all persons who depend upon me for support, he lists “past rent” (without an amount) as a debt or financial obligation in response to the last question on the form. (Id. at ¶¶ 7-8.)

Notably, on January 27, 2021, Plaintiff paid the Court’s \$402.00 filing fee in another action he commenced in this Court. See Davis v. Commr. of Soc. Sec., 21-CV-0456 (JMA). In addition, in that case and the present case, Plaintiff filed an application for the appointment of pro bono counsel on May 7, 2021 (see 21-CV-0456 (JMA), ECF No. 16; 21-CV-2238 (JMA) (AKT), ECF No. 7), wherein he reports that he pays monthly rent in the sum of \$309.00 and avers that he pays money to support an individual (S.Z.) each month. (Id. ¶¶ 6-7.) Given that Plaintiff’s applications raise more questions than they answer, they are denied without prejudice and with leave to renew within fourteen (14) days on the Long Form included with this Order. Alternatively, Plaintiff may remit the filing fee.¹

¹ Plaintiff is cautioned that there are no refunds of the filing fee, once paid, regardless of the outcome of the case. Accordingly, Plaintiff is well-advised to consider the merit of his claims as well as any threshold issues such as any limits on the Court’s jurisdiction to adjudicate his claims as well as the statute of limitations and/or preclusion. Plaintiff is encouraged to avail himself of the free resources provided by the Pro Se Legal Assistance Program run by Hofstra Law School and he may reach them by telephone at 631-297-2575 or by e-mail: PSLAP@hofstra.edu.

The Court certifies pursuant to 28 U.S.C. § 1915(a)(3) that any appeal from this Order would not be taken in good faith and therefore in forma pauperis status is denied for the purpose of any appeal. See Coppedge v. United States, 369 U.S. 438, 444-45 (1962). The Clerk of the Court shall mail a copy of this Order to the Plaintiff at his address of record.

SO ORDERED.

Dated: November 4, 2021
Central Islip, New York

/s/ (JMA)
JOAN M. AZRACK
UNITED STATES DISTRICT JUDGE

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Date Accepted (MM/DD/YY) **11/29/21** Scheduled Delivery Time ☐ 10:30 AM ☐ 12 NOON ☒ 3:30 PM Insurance Fee **\$ -** COD Fee **\$ -**

Time Accepted **3:34 PM** 10:30 AM Delivery Fee **\$ -** Return Receipt Fee **\$ -** Live Animal Transportation Fee **\$ -**

Special Handling/Fragile **\$ -** Sunday/Holiday Premium Fee **\$ -** Total Postage & Fees **\$ 27.10**

Weight **3** lbs. ☐ Flat Rate ☒ Priority Mail® Acceptance Employee Initials **PO**

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Delivery Attempt (MM/DD/YY) **11/30/21** Time ☒ AM ☐ PM Employee Signature **Stev**

Delivery Attempt (MM/DD/YY) **Time** ☐ AM ☐ PM Employee Signature

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